FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees A ETHICS AND for state office must be filed electronically and effective January 1, 2012, all A ETHICS AND statements and reports filed by all committees for state office must be filed electronically.

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

2010 JAN 19 AN 10: 57 Parties must be filed electronically.

	Reset For	m j		
COMMITTEE NAME (Must be same as on Statement of Org	anization)			(-
Griess for Council	,	[FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Cand Subdivision Candidate (8)County PAC (9)City PAC (10)School	2)State PAC (3)State Party	1 1	DR-2 Rev. 12/2009) or Office Use On	DISCLOSURE REPORT
11) Local Ballot Issue				
CANDIDATE COMMITTEES ONLY: Candidate Name Halley Griess	Political Party (if applicable)	s	Scanned	
Office Sought Des Moines City Council-Ward 1	District (if Senate or House)			
Late reports are subject to possible civil and criminal penalties. Pu candidate's committee, and the chairperson, for any other type of committee.	committee, is the individual responsible	7) and 68	timely and accura	didate, for a te reports.
	(515) 343 6270		1/19/09	
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	_	DATE SI	GNED
I AM FILING A January 19th Report	REPORT FOR (1) ELECTION	/(2)NON.	ELECTION VE	D
(report date)	Indicate by #		LLLOTION 127	Arx.
□CHECK IF AMENDMENT TO REPORT DATED		ocal Com	mittees, enter Dat	e of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed	of Dissolution Form DR-3.		009 Local Committees, tion is held	enter County in
STATEMENT OF CASH ON HAND)			
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fi	cash on hand at the end	\$	5,796.55	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sched	ule A) (*also see in-kind below)		2,165.00	
Schedule F: Loans Received total (Attach Schedule	F)		2,000.00	
Schedule H: Total Sales of Campaign Property (Atta	ich Schedule H)			
(Schedule H applies to Candidates' Com	mittees Only)			
	SUB-TOTAL	\$	9,961.55	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	•		0.000.00	
Schedule B: Expenditures total (Attach Schedule B)	(**also see debts and loans below)		8,327.06	
Schedule F: Loan Repayments total (Attach Schedu	le F)		0.00	
CASH ON HAND at the end of this reporting period (if final rep	oort balance must be zero)	\$	1,634.49	
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	411.80	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche	dule E)	\$	0.00	
**OUTSTANDING LOANS (From Schedule F - Attach Schedu	le F)	\$	2,000.00	
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES1	NO
CANDIDATE COMMITTEES ONLY:			0.00	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Atta	ch Schedule H)	\$	0.00	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Griess for Council	

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11/25/2009	ID# CK#	Joan Thorup 4047 Ashby Ave Des Moines, IA 50310		\$30.00	
11/25/2009	ID# CK#	Virginia Rand 3606 SW 38th St Des Moines, IA 50321		500.00	
11/25/2009	ID# CK#	Leon Shearer 421 Silverado Trail Waukee, IA 50263		500.00	
11/27/2009	ID# CK#	William Clark 1615 NW 101st St Clive, IA 50325		100.00	
12/2/2009	ID# CK#	Lawrence Cooper 4619 Twana Dr Des Moines, IA 50310		25.00	
12/9/2009	ID# CK#	Gerard Neugent 2410 Park Ave Des Moines, IA 50321		250.00	
12/10/2009	ID# CK#	William Knapp II 5221 NW 70th Pl Johnston, IA 50131		250.00	
12/11/2009	ID# CK#	William Knapp 4949 Westown Pkwy, Ste 200 West Des Moines, IA 50266		500.00	
12/27/2009	ID# CK#	Mike Cook 4000 University Ave, Apt. 1 Des Moines, IA 50311		10.00	
	ID# CK#				
·			SUB-TOTAL	\$ 2,165.00	

TOTAL (if last page of this schedule)

Page 1 of 1 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

ļ	SCHEDULE	
	В	MONETARY
	(Rev. 07/03)	EXPENDITURES
	_	CK THIS BOX IF NDING FORM

	COMMITTEE NAME	(Must be same as on	Statement of	Organization)
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Griess for Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/20/2009	ID# CK#1009	Garner Printing 1697 NE 53rd Ave Des Moines, IA 50313	Literature Printing/Postage	\$ 5,269.48
11/30/2009	ID# CK# 1010	Next Generation Realty 3220 100th St Des Moines, IA 50322	Phone Bank	150.00
12/1/2009	ID# CK# 1011	Christian Printers, Inc. 1411 21st St Des Moines, IA 50311	Literature Printing	148.40
12/1/2009	ID# CK# ₁₀₁₂	Plaza Lanes 2701 Douglas Ave Des Moines, IA 50310	Election Night Party	159.00
12/9/2009	ID# CK# ₁₀₁₃	El Comunicador 813 25th St Des Moines, IA 50312	Newspaper Ad	100.00
12/9/2009	ID# CK# ₁₀₁₄	IPJ Media, LLC 813 25th St Des Moines, IA 50312	Newspaper Ad	100.00
11/16/2009	ID# CK# ₁₀₁₅	MacDonald Letter Service 1632 Ohio St Des Moines, IA 50314	Yard Signs	742.00
11/27/2009	ID# CK# 1015	MacDonald Letter Service 1632 Ohio St Des Moines, IA 50314	Postcard Printing/Postage	1,658.18
<u> </u>			SUB-TOTAL	\$ 8,327.06
			TOTAL (if last page of this schedule)	\$ 8,327.06

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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FOR INS	STRUCTIONS	SEE BACK	OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Griess for Council

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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INDEBTEDNESS
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DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

		has been received.		
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*	
12/31/2009	Susan Murphy 1291 NW 92nd St Clive, IA 50325	Newspaper Ad Purchase	\$ 345.00	
12/31/2009	Susan Murphy 1291 NW 92nd St Clive, IA 50325	Miscellaneous Copies/Printing	66.80	
:				
<u> </u>	\$			
	411.80			
	\$ 411.80			

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1 (for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

R INSTRUCTION	IS, SEE BACK OF FORM	RESET	SCHEDULE
MMITTEE NAM	E(Must be same as on Statement of Organization)		F LOANS
Griess for Council			& REPAI
	ale reports money loaned to the committee which is deposited in t	ommittee account.	CHECK THIS BOX
RT I - MONETA (Original	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is involved	ved. Include loans from candid	ate's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
12/11/2009	Halley Griess 1628 37th St Des Moines, IA 50310	Candidate	\$ 2,000.00
		TOTAL (PART I)	\$_2,000.00
PART II - MONE (Loans	TARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD forgiven must be reported on Schedule E In-kind Contributions.)		

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

	TOTAL CASH REPAYMEN From Schedule E TOTAL LOANS F TOTAL OUTSTANDING LOANS END OF REP	FORGIVEN	\$ 0.00 \$ \$ 2,000.00
making a contributions anguinity (blooms the same as candom as can	equires candidate committees to disclose the relationship of any relative attion to the committee. Relationship must be shown to the third degree of cod relatives) and affinity (relatives by marriage). If surname of contributor is didate, but there is no familial relationship, enter "not applicable" in the no when it applies.	Page_1	of 1 (for Schedule F)